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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Francisco Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/525,858 Filing Date **TRANSMITTAL** February 25, 2005 First Named Inventor **FORM Urs Staufer** Art Unit (to be used for all correspondence after initial filing) Examiner Name Not Yet Assigned Attorney Docket Number Total Number of Pages in This Submission 27656/40686 ENCLOSURES (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information **Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer Identify below): **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MARSHALL, GERSTEIN & BORUN LLP Signature Printed name Jeffrey S. Sharp Date Reg. No.

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MENDMENT TRANSMITTAL LETTER

Docket No. 27656/40686

Application No.	Filing Date	Examiner	Art Unit
10/525,858	February 25, 2005	Not Yet Assigne	ed 0

Applicant(s): Urs Staufer et al.

Invention: Device for Stabilizing And/Or Positioning A Medical Tool In A Body Cavity (Amended)

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 20 =		х	
Independent Claims	3	- 3 =		х	
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
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Jeffrey/S. Sharr Attorney Reg. N	-				
MARSHALL, GI 233 S. Wacker					

Sears Tower

Chicago, Illinois 60606-6357

(312) 474-6300

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